

# EXHIBIT 1

# REQUEST FOR TEST ACCOMMODATIONS APPLICATION



I, Name:

NBOME ID#:

I certify that I am a "person with disabilities" as defined by the Americans with Disabilities Act, as amended (ADA), and request that the National Board of Osteopathic Medical Examiners, Inc. (NBOME) provide accommodations for me for the following COMLEX-USA examination (select only one):

**Level 1**     **Level 2-CE**     **Level 2-PE**     **Level 3**

I acknowledge that I have read and understand the eligibility requirements for test accommodations under ADA and NBOME's instructions to request accommodations. I also acknowledge that I have access to, have read or had the opportunity to read the current COMLEX-USA Bulletin of Information (BOI), including the purpose and description of the COMLEX-USA examination and the NBOME Terms and Conditions set forth in the BOI.

I agree to the NBOME Terms and Conditions set forth in the BOI.

I represent that because of my disability (as defined by the ADA) I cannot access the COMLEX-USA examination the same as most people in the general population, and I am therefore requesting the following accommodation(s):

I also represent, under penalty for perjury, that the information provided by me on the Request for Test Accommodations Application and in my personal statement in support of my request for test accommodations is true and correct.

Candidate's Signature:

Date:

## CURRENT CONTACT INFORMATION

Name:

NBOME ID#:

Address:

City:

State/Province:

Zip Code:

Email:

Phone:

## REQUEST FOR TEST ACCOMMODATIONS APPLICATION

Please respond to each item in the space provided (do not write "see attached"). If there is insufficient space, include any supplemental information in your personal statement.

**1. Impairment(s)**

- (a)** Nature of each diagnosed and documented physical or mental impairment which "substantially limits" your ability to access the COMLEX-USA examination: (check all that apply)

Attention Deficit/Hyperactivity

Hearing

Other Physical

Learning/Reading

Visual

Psychiatric Disorder

Other (please specify):

- (b)** Identify each qualified professional diagnosing your impairment(s) and date(s) of diagnosis:

*(Attach all written evaluations of your impairment(s), including opinions of qualified professionals, and the CV or other statement of qualifications of each professional evaluator.)*

Name of Evaluator:

Diagnosis:

Date of Diagnosis:

- (c)** Describe all real life activities adversely affected by your impairment(s):

## REQUEST FOR TEST ACCOMMODATIONS APPLICATION

**(d)** Explain, in detail, why you are unable to access the examination, as compared to most people in the general population, without the requested accommodation:

## 2. Prior Accommodation(s)

**(a)** Check and describe all standardized examination(s) you took **with** accommodations:  
(Attach verification of accommodation(s) if possible.)

<input type="checkbox"/> MCAT	Date(s)
<hr/>	
<input type="checkbox"/> USMLE	Date(s)
<hr/>	
<input type="checkbox"/> ACT/SAT	Date(s)
<hr/>	
<input type="checkbox"/> GRE	Date(s)
<hr/>	
<input type="checkbox"/> Medical School	Date(s)
<hr/>	
<input type="checkbox"/> College	Date(s)
<hr/>	
<input type="checkbox"/> Pre-College	Date(s)
<hr/>	
<input type="checkbox"/> Other	Date(s)
<hr/>	

## REQUEST FOR TEST ACCOMMODATIONS APPLICATION

**(b)** Check and describe all standardized examination(s) you took **without** accommodations:

<input type="checkbox"/> MCAT	Date(s)
<input type="text"/>	
<input type="checkbox"/> USMLE	Date(s)
<input type="text"/>	
<input type="checkbox"/> ACT/SAT	Date(s)
<input type="text"/>	
<input type="checkbox"/> GRE	Date(s)
<input type="text"/>	
<input type="checkbox"/> Medical School	Date(s)
<input type="text"/>	
<input type="checkbox"/> College	Date(s)
<input type="text"/>	
<input type="checkbox"/> Pre-College	Date(s)
<input type="text"/>	
<input type="checkbox"/> Other	Date(s)
<input type="text"/>	

**(c)** If you took the MCAT, USMLE, ACT/SAT or GRE examination, attach a copy of your score report(s) for each of those examinations.

Attached       N/A

**(d)** Have you requested any accommodation which was not provided as you had requested?

Yes       No

If yes, describe the circumstances:

## REQUEST FOR TEST ACCOMMODATIONS APPLICATION

(e) Have you received any accommodation in a clinical skills or similar examination?

Yes

No

If yes, describe the circumstances:

### 3. Supporting Documentation

Attach the following supporting documentation:

- Personal statement (narrative detailing why you require the accommodation)
- Professional evaluation(s) and CV(s)
- Other supporting documentation (e.g., report cards, transcripts, score reports, etc.)

### 4. Certification and Authorization

I, the undersigned candidate requesting an accommodation under the ADA, certify, under penalty for perjury, that all the foregoing representations and accompanying documentation are true and complete.

Candidate's Signature:

 

Date:

## REQUEST FOR TEST ACCOMMODATIONS IN MEDICAL SCHOOL



I, \_\_\_\_\_ as or for the Dean of \_\_\_\_\_

(COM), verify that the COM has provided

\_\_\_\_\_ (Student)

with the following accommodations for examinations administered by the COM (describe all examinations and accommodations provided by the COM):  
\_\_\_\_\_

COM relied upon the following information and/or documentation for its approval of the accommodations for the Student (describe all information and documentation relied upon by COM for its approval of the accommodations):  
\_\_\_\_\_

Signature:



Melissa Furd

Date:

Title:

